

## Continence

Urinary Incontinence (UI) is now recognised as an issue facing females of all ages with cystic fibrosis (CF) and is reported to be present in 30-68% of CF women compared to only 8%-35% of the healthy population. Leakage in men and boys is also increased when compared to the healthy population. UI is not necessarily related to age or disease severity.

### What is Incontinence?

Incontinence is the term that describes any accidental or involuntary leakage of urine from the bladder (UI) or bowel motion, wind or faeces from the bowel (faecal or bowel incontinence).

It is thought that UI is under reported in the CF population as other health problems take priority. Embarrassment and a lack of knowledge about treatment options may also contribute to the level of under reporting. It is an issue which can be quite distressing and have a significant social and psychological impact, leading some women to change their exercise and physiotherapy habits. Incontinence can affect the ability to cough properly and clear secretions. If untreated, it has the capacity to significantly impact on long term lung health.

### Causes of Poor Bladder Control in CF

- There is an increased risk of Stress Urinary Incontinence (SUI) with chronic lung disease. Activities such as coughing, sneezing, laughing, lifting and certain exercises may be associated with urine leakage. Coughing causes weakening of the pelvic floor muscles (PFM). Symptoms can be worse during an exacerbation of respiratory symptoms.
- General muscle weakness and loss of muscle bulk, including PFM, is associated with poor nutrition.
- Constipation with the associated large sticky stools, increases pressure inside the abdomen and adds pressure to the pelvic floor, resulting in weakening. Straining when emptying your bowel also contributes to UI as this weakens the PFM.

## Preventing and Managing Poor Bladder Control

PFM exercises are very effective in managing SUI. The pelvic floor muscles stretch from side to side across the floor of the pelvis. They attach to the pubic bone in front, and to the tail bone or coccyx behind. Their job is to support the pelvic organs and abdominal contents, including supporting the bladder to help it stay closed.

### Pelvic Floor Muscle Training (PFMT)

PFMs weaken as we age and chronic cough and constipation can put extra pressure on them, causing them to not work effectively. A regime of pelvic floor exercises, introduced earlier in life, will help prevent many of the problems associated with weak PFMs emerging later. It is never too early or too late to begin to exercise the pelvic floor.

See your physiotherapist /continence nurse to check you are doing PFMT correctly.

### Steps to Prevent Incontinence

1. Good toilet habits.
  - 4-8 times during the day and no more than twice at night.
  - Sit correctly on the toilet- sit forward, relax the tummy, don't strain. Take your time to ensure your bladder is empty.
  - Avoid constipation.
2. Keep well hydrated by drinking plenty of water. Adults should drink 1.5-2 litres of fluid/day and drink more water when exercising. Cut down on alcohol and caffeine that can irritate the bladder.
3. Eat a healthy diet and match enzymes correctly to prevent diarrhoea and constipation.
4. Exercise to maintain fitness and muscle strength. Discuss exercise with your physiotherapist for tips on protecting your pelvic floor; especially if you are weight training and/or high impact training.
5. Airway clearance and coughing.
  - It is important that you do airway clearance to reduce the build-up of mucus. Use the "huff" technique to reduce the need for coughing.

- Practice “the knack” – tightening and lifting the pelvic floor before coughing, huffing or sneezing to prevent leakage. Talk to your physiotherapist to help you master this technique.

### Seek Help

- Talk to your CF physiotherapist, nurse or doctor if you have bladder or bowel control problems. They can refer you to a continence specialist if required.
- It is important to involve your CF care team in the management of any continence issues. They possess good knowledge of your health history, including any surgery or medications which may pre-dispose you to developing incontinence.

### Useful Resources

- Pelvic Floor First [www.pelvicfloorfirst.org.au](http://www.pelvicfloorfirst.org.au)
- Women- Finding your pelvic floor muscles  
[www.pelvicfloorfirst.org.au/pages/pelvic-floor-muscle-exercises-for-women.html](http://www.pelvicfloorfirst.org.au/pages/pelvic-floor-muscle-exercises-for-women.html)
- Men- Finding your pelvic floor muscles  
<http://www.pelvicfloorfirst.org.au/pages/men.html>
- Pelvic Floor Safe Exercises  
<http://www.pelvicfloorfirst.org.au/pages/10-step-guide-to-pelvic-floor-safe-exercise.html>
- Continence Foundation of Australia  
<http://www.continence.org.au/pages/whos-at-risk.html>
- CFFit: A Guide for People Living with CF  
[www.cfwa.org.au/wp-content/uploads/2018/06/CFWA086-CFFit\\_A-Guide-for-People-Living-with-CF-A5\\_WEB.pdf](http://www.cfwa.org.au/wp-content/uploads/2018/06/CFWA086-CFFit_A-Guide-for-People-Living-with-CF-A5_WEB.pdf)

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Disclaimer: The information contained herein is provided in good faith. However accuracy of any statements is not guaranteed by Cystic Fibrosis WA. We provide the information on the understanding that persons take responsibility for assessing relevance and accuracy. Individuals are encouraged to discuss their health needs with a health practitioner.

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